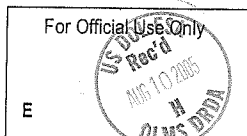


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4985</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>MORRIS</u> <u>S</u> <u>RUBINO</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>2595 YARDVILLE HAMILTON SQUARE ROAD</u> City <u>TRENTON</u> State <u>New Jersey</u> ZIP Code + 4 <u>08690</u>	4. Name, file number, and address of labor organization. Name <u>IRONWORKERS LOCAL UNION #68</u> Labor Organization File Number <u>032-914</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>2595 YARDVILLE HAMILTON SQUARE ROAD</u> City <u>TRENTON</u> State <u>New Jersey</u> ZIP Code + 4 <u>08690</u>
5. Position in labor organization. <u>BUSINESS MANAGER / FST</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/5/05

Date

(609) 586-6801

Telephone Number

Name of Person Filing MORRIS RUBINO

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IRONWORKERS LOCAL #68 SUPP DIS/ANCILLARY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2595 YARDVILLE HAMILTON SQUARE ROAD

City TRENTON

State New Jersey ZIP Code + 4 08690

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IRONWORKERS LOCAL #68 SUPP DIS/ANCILLARY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2595 YARDVILLE HAMILTON SQUARE ROAD

City TRENTON

State New Jersey ZIP Code + 4 08690

11.a. Nature of such dealing.

ATTENDANCE OF TRUSTEE MEETINGS OF IRONWORKERS LOCAL 68 BENEFITS FUNDS HELD ON MARCH 31, APRIL 5, JULY 15, AND OCTOBER 1 OF 2004.

11.b. Approximate dollar value of such dealing.

\$238

12.a. Nature of interest held or income received.

ON THE ABOVE TRUSTEE MEETING DATES LUNCH WAS SERVED WHICH COST THE FUND THE AMOUNT INDICATED ON LINE 12b.

12.b. Amount.

\$238

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name ARK ASSET MANAGEMENT CO., INC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 125 BROAD STREET

City NEW YORK

State New York ZIP Code + 4 10004

14.a. Nature of payment.

ATTENDANCE OF DINNER HELD, HOSTED BY ARK ASSET ON MARCH 4, 2004 IN RELATION TO A CONVENTION HELD IN MIAMI, FLORIDA.

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$153

Name of Person Filing MORRIS RUBINO

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IRONWORKERS DISTRICT COUNCIL PHILA & VICINIT

Trade Name, if any: BENEFIT & PENSION PLAN

P.O. Box, Bldg., Room No., if any

Street 6401 CASTOR AVENUE

City PHILADELPHIA

State Pennsylvania ZIP Code + 4 19149

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

ATTENDANCE OF TRUSTEE MEETINGS OF IRONWORKERS DISTRICT COUNCIL HELD ON FEBRUARY, MAY, JULY NOVEMBER AND DECEMBER OF 2004.

11.b. Approximate dollar value of such dealing. \$2,386

12.a. Nature of interest held or income received.

FOR THE ABOVE TRUSTEE MEETING DATES THE FOLLOWING COSTS WERE PAID FOR BY DISTRICT COUNCIL WHICH ARE INDICATED ON LINE 12b. TRANSPORTATION, LODGING, AND MEALS

12.b. Amount. \$2,386

Name of Person Filing MORRIS RUBINO

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing MORRIS RUBINO

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing MORRIS RUBINO

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name M.D. SASS ASSOCIATES, INC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1185 AVENUE OF THE AMERICAS 18TH FL

City NEW YORK

State New York ZIP Code + 4 10036

14.a. Nature of payment.

ATTENDANCE OF DINNER HOSTED BY M.D. SASS ASSOCIATES ON FEBRUARY 9, 2004 IN RELATION TO A CONVENTION HELD IN MIAMI, FLORIDA

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$224

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.